


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90039 044 \*\*\*150.00

<b>DOCUMENT # P03000034153</b>	
1. Entity Name <b>AYNSLEY NICOLE INTERIORS, INC.</b>	

Principal Place of Business <b>2910 N. FEDERAL HIGHWAY, #B BOCA RATON, FL 33431</b>	Mailing Address <b>2910 N. FEDERAL HIGHWAY, #B BOCA RATON, FL 33431</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>8401 LAKE WORTH RD</b>	3. Mailing Address <b>8401 LAKE WORTH RD</b>
Suite, Apt. #, etc. <b>112</b>	Suite, Apt. #, etc. <b>112</b>

City & State <b>LAKE WORTH, FL</b>	City & State <b>LAKE WORTH, FL</b>
Zip <b>33467</b>	Country <b>P.B.</b>

6. Name and Address of Current Registered Agent <b>TORRE, PATRICIA 2910 N. FEDERAL HIGHWAY, #B BOCA RATON, FL 33431</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8401 LAKE WORTH RD Ste 112</b> City <b>LAKE WORTH</b> <b>FL</b> Zip Code <b>33467</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Patricia Torre</i> Signature, typed or printed name of registered agent and title if applicable.	SIGNATURE <i>PATRICIA TORRE</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>2/20/08</i>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TORRE, GREGORY</b> <b>10758 VERSAILLES BLVD</b> <b>WELLINGTON, FL 33467</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TORRE, PATRICIA</b> <b>10758 VERSAILLES BLVD</b> <b>WELLINGTON, FL 33467</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Patricia Torre</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	SIGNATURE: <i>PATRICIA TORRE</i> <i>2/20/08</i> <i>(561) 343-6260</i> DATE DAYTIME PHONE #